

PROFESSIONAL COMPONENT/LABOR-DELIVERY ROOM DAYS/NURSERY INFORMATION

HOSPITAL 0
 VENDOR NUMBER _____
 PERIOD FROM _____
 PERIOD TO _____

AUDITOR _____
 DATE _____
 REVIEWER _____
 DATE _____

A. HOSPITAL-BASED PROFESSIONAL COMPONENT SERVICES

	Col. 1	Col. 2	Col. 3	COL. 4
	TOTAL PROFESSIONAL COMPONENT CHG. INPATIENT	TOTAL TITLE XIX PROFESSIONAL COMPONENT CHG. INPATIENT	TOTAL PROFESSIONAL COMPONENT CHG. OUTPATIENT	TOTAL TITLE XIX PROFESSIONAL COMPONENT CHG OUTPATIENT
COST CENTERS				
ANESTHESIOLOGY		0		0
RADIOLOGY-DIAGNOSTIC		0		0
RADIOLOGY-THERAPEUTIC		0		0
RADIOISOTOPE		0		0
LABORATORY		0		0
EKG		0		0
EEG		0		0
PSYCH. SERVICES	0	0		0
BLANK		0		0
EMERGENCY ROOM				0

WHEN PROFESSIONAL COMPONENT SERVICES ARE INCLUDED IN THE COST REPORT, A SUPPLEMENTAL WORKSHEET D-3 SHOULD BE COMPLETED. ALSO, THIS OFFICE MUST RECEIVE THIS SUPPLEMENTAL SCHEDULE IDENTIFYING, BY COST CENTERS, THE TOTAL PROFESSIONAL COMPONENT CHARGES AND THE TITLE XIX PROFESSIONAL COMPONENT CHARGES.

B. LABOR/DELIVERY ROOM DAYS

DOES TOTAL HOSPITAL ADULT AND PEDIATRIC DAYS (EXCLUDING SWING BEDS) ON WORKSHEET S-3 (HOSPITAL STATISTICAL DATA) LINE 1.01, COLUMN 6 INCLUDE LABOR/DELIVERY ROOM days.

YES NO IF NO, PLEASE INDICATE TOTAL LABOR/DELIVERY ROOM DAYS. **C. NURSERY DAYS**

PLEASE INDICATE THE FOLLOWING:

1. THE NUMBER OF MEDICAID NURSERY DAYS FROM WORKSHEET S-3, COLUMN 5 THAT ARE PAID AT AN AMOUNT GREATER THAN ZERO.
2. THE NUMBER OF MEDICAID NURSERY DAYS ON WORKSHEET S-3, COLUMN 5 THAT ARE ZERO PAID.
3. THE NUMBER OF MEDICAID NEONATAL NURSERY DAYS FROM WORKSHEET S-3, COLUMN 5 THAT ARE PAID AT AN AMOUNT GREATER THAN ZERO.
4. THE NUMBER OF MEDICAID NEONATAL NURSERY DAYS FROM WORKSHEET S-3, COLUMN 5 THAT ARE ZERO PAID.